

Fill in this information to identify the case:

Debtor Name Arete Dental LLC

United States Bankruptcy Court for the: District of Nevada

Case number: 20-50597☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

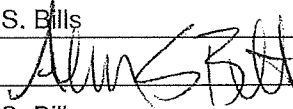
Month: Oct 2021Date report filed: 11/23/2021
MM / DD / YYYYLine of business: General Dental PracticeNAISC code: 621210

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party:

Alan S. Bills

Original signature of responsible party



Printed name of responsible party

Alan S. Bills**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

- | | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

- | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name Arete Dental LLCCase number 20-50597

17. Have you paid any bills you owed before you filed bankruptcy?

☒ ☐ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐**2. Summary of Cash Activity for All Accounts****19. Total opening balance of all accounts**\$ 47,900.58

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.\$ 84,592.27**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.- \$ -73,051.30**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.+ \$ 11,540.97**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 59,441.55**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

\$ _____

(Exhibit E)

Debtor Name Arete Dental LLCCase number 20-50597**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ _____
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 7
27. What is the number of employees as of the date of this monthly report? 6

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 12,532.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 4,345.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	<u>Column A</u>		<u>Column B</u>		<u>Column C</u>
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ _____	—	\$ _____	=	\$ _____
33. Cash disbursements	\$ _____	—	\$ _____	=	\$ _____
34. Net cash flow	\$ _____	—	\$ _____	=	\$ _____
35. Total projected cash receipts for the next month:					\$ _____
36. Total projected cash disbursements for the next month:					- \$ _____
37. Total projected net cash flow for the next month:					= \$ _____

Debtor Name Arete Dental LLC

Case number 20-50597

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☒ 39. Bank reconciliation reports for each account.
- ☒ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

This form was completed using the best information available to the debtor at the time of filing.



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3758 TRN S Y ST01

Account Number:

3577

Statement Period:

Oct 1, 2021

through

Oct 29, 2021

Page 1 of 2



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ALAN S BILLS
DBA ARETE DENTAL LLC
2900 CLEAR ACRE LN STE R
RENO NV 89512-1764



To Contact U.S. Bank

24-Hour Business

Solutions:

1-800-673-3555

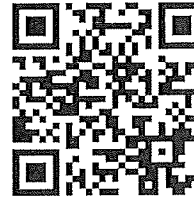
U.S. Bank accepts Relay Calls

Internet:

usbank.com

NEWS FOR YOU

Scan here with your phone's camera to download the U.S. Bank Mobile App.



INFORMATION YOU SHOULD KNOW

New Terms and Conditions will be effective for U.S. Bank business clients on November 1, 2021. You can view current and new Terms and Conditions at usbank.com/tmtermsandconditions. Use access code "terms2021." If you are unable to access this information for any reason, please reach out to your U.S. Bank contact or Commercial Customer Service team for assistance.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 3577

Account Summary

	# Items		
Beginning Balance on Oct 1		\$	25,088.87
Other Deposits	5		3,032.14
Card Withdrawals	1		124.18-
Ending Balance on Oct 31, 2021		\$	27,996.83

Other Deposits

Date	Description of Transaction	Ref Number	Amount
Oct 6	Electronic Deposit REF=212780161055670N00	From SYNCHRONY BANK 3061537262BTOT DEP 534812028593973	\$ 107.91
Oct 12	Electronic Deposit REF=212850048467510N00	From SYNCHRONY BANK 3061537262BTOT DEP 534812028593973	401.15
Oct 15	Electronic Deposit REF=212870163444520N00	From SYNCHRONY BANK 3061537262BTOT DEP 534812028593973	651.17
Oct 18	Electronic Deposit REF=212910063152880N00	From SYNCHRONY BANK 3061537262BTOT DEP 534812028593973	479.44
Oct 20	Electronic Deposit REF=212920092579760N00	From SYNCHRONY BANK 3061537262BTOT DEP 534812028593973	1,392.47
Total Other Deposits			\$ 3,032.14



To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	\$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	\$

- List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
- Check off in your checkbook register all checks, withdrawals (including Debit Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
- Enter the ending balance shown on this statement. \$
- Enter the total deposits recorded in the Outstanding Deposits section. \$
- Total lines 3 and 4. \$
- Enter the total withdrawals recorded in the Outstanding Withdrawals section. \$
- Subtract line 6 from line 5. This is your balance. \$
- Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
- Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
- The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Debit Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank, EP-MN-WS5D, 60 Livingston Ave., St. Paul, MN 55107.

Tell us your name and account number.

Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

Tell us the dollar amount of the suspected error.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

CONSUMER BILLING RIGHTS SUMMARY REGARDING YOUR RESERVE LINE

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at:

U.S. Bank, P.O. Box 3528, Oshkosh, WI 54903-3528.

In your letter, give us the following information:

Account information: Your name and account number.

Dollar Amount: The dollar amount of the suspected error.

Description of problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

We cannot try to collect the amount in question, or report you as delinquent on that amount.

The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.

While you do not have to pay the amount in question, you are responsible for the remainder of your balance.

We can apply any unpaid amount against your credit limit.

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

CONSUMER REPORT DISPUTES

We may report information about account activity on consumer and small business deposit accounts and consumer reserve lines to Consumer Reporting Agencies (CRA). As a result, this may prevent you from obtaining services at other financial institutions. If you believe we have inaccurately reported information to a CRA, you may submit a dispute by calling 844.624.8230 or by writing to: U.S. Bank Attn: Consumer Bureau Dispute Handling (CBDH), P.O. Box 3447, Oshkosh, WI 54903-3447. In order for us to assist you with your dispute, you must provide: your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.





DBA ARETE DENTAL LLC
2900 CLEAR ACRE LN STE R
RENO NV 89512-1764

Account Number:

3577

Statement Period:

Oct 1, 2021

through

Oct 29, 2021

Page 2 of 2

**SILVER BUSINESS CHECKING****(CONTINUED)**

U.S. Bank National Association

Account Number 3577

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-9310

Date	Description of Transaction	Ref Number	Amount
Oct 18	Recurring Debit Purchase VZWRLSS*APOCC VI *****9310	On 101721 800-922-0204 FL REF # 24692161290100581171 US1 0100581171	\$ 124.18-

Card 9310 Withdrawals Subtotal	\$ 124.18-
--------------------------------	------------

Total Card Withdrawals	\$ 124.18-
------------------------	------------

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Oct 6	25,196.78	Oct 15	26,249.10	Oct 20	27,996.83
Oct 12	25,597.93	Oct 18	26,604.36		

Balances only appear for days reflecting change.



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8:30 PM

11/22/21

Arete Dental
Reconciliation Detail
US Bank - CareCredit, Period Ending 10/31/2021

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						25,088.87
Cleared Transactions						
Checks and Payments - 1 item						
General Journal	10/28/2021	CPA-31		X	-124.18	-124.18
Total Checks and Payments					-124.18	-124.18
Deposits and Credits - 1 item						
General Journal	10/28/2021	CPA-31		X	3,032.14	3,032.14
Total Deposits and Credits					3,032.14	3,032.14
Total Cleared Transactions					2,907.96	2,907.96
Cleared Balance					2,907.96	27,996.83
Register Balance as of 10/31/2021					2,907.96	27,996.83
Ending Balance					2,907.96	27,996.83



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3758 TRN S Y ST01

Account Number:

2450

Statement Period:

Oct 1, 2021

through

Oct 29, 2021

Page 1 of 5



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ARETE DENTAL LLC
2900 CLEAR ACRE LN STE R
RENO NV 89512-1764



To Contact U.S. Bank

24-Hour Business

Solutions:

1-800-673-3555

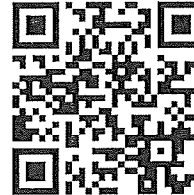
U.S. Bank accepts Relay Calls

Internet:

usbank.com

NEWS FOR YOU

Scan here with your phone's camera to download the U.S. Bank Mobile App.



INFORMATION YOU SHOULD KNOW

New Terms and Conditions will be effective for U.S. Bank business clients on November 1, 2021. You can view current and new Terms and Conditions at usbank.com/tmtermsandconditions. Use access code "terms2021." If you are unable to access this information for any reason, please reach out to your U.S. Bank contact or Commercial Customer Service team for assistance.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 2450

Account Summary

	# Items		
Beginning Balance on Oct 1		\$	38,716.56
Customer Deposits	21		48,170.24
Other Deposits	21		33,389.89
Card Withdrawals	10		3,187.29-
Other Withdrawals	17		47,416.30-
Checks Paid	15		22,323.53-
Ending Balance on Oct 31, 2021		\$	47,349.57

Customer Deposits

Number	Date	Ref Number	Amount
	Oct 1	9254052302	3,036.60
	Oct 1	9255176012	5,408.37
	Oct 5	8356621073	2,576.30
	Oct 6	8654443780	2,030.65
	Oct 7	8953849336	1,697.80
	Oct 8	9254762355	1,527.36
	Oct 8	9254762376	2,624.35
	Oct 13	8656346957	96.00
	Oct 13	8656346962	1,910.40
	Oct 14	8953536615	2,460.20
	Oct 18	8056804409	813.85

Number	Date	Ref Number	Amount
	Oct 18	8056804418	4,382.52
	Oct 19	8356063453	4,917.98
	Oct 20	8653994810	3,672.60
	Oct 21	8953726148	1,487.90
	Oct 22	9254381393	944.60
	Oct 22	9254381378	3,051.81
	Oct 27	8654085832	651.50
	Oct 27	8654085836	1,258.74
	Oct 28	8953848157	1,353.01
	Oct 28	8953848139	2,267.70

Total Customer Deposits \$ 48,170.24



To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	\$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	\$

- List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
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- Enter the total deposits recorded in the Outstanding Deposits section. \$ _____
- Total lines 3 and 4. \$ _____
- Enter the total withdrawals recorded in the Outstanding Withdrawals section. \$ _____
- Subtract line 6 from line 5. This is your balance. \$ _____
- Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
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Tell us your name and account number.

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Tell us the dollar amount of the suspected error.

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While you do not have to pay the amount in question, you are responsible for the remainder of your balance.

We can apply any unpaid amount against your credit limit.

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REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

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Your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.





2900 CLEAR ACRE LN STE R
RENO NV 89512-1764

Account Number:

[REDACTED] 2450

Statement Period:

Oct 1, 2021

through

Oct 29, 2021

Page 2 of 5

**SILVER BUSINESS CHECKING****(CONTINUED)**

S. Bank National Association

Account Number [REDACTED] 2450

Other Deposits

<i>Date</i>	<i>Description of Transaction</i>	<i>Ref Number</i>	<i>Amount</i>
Oct 1	Electronic Deposit REF=212730178395490N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	\$ 1,162.44
Oct 4	Electronic Deposit REF=212770154873200N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	689.97
Oct 4	Electronic Deposit REF=212770106609390N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	2,047.28
Oct 6	Electronic Deposit REF=212780162474940N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	2,853.00
Oct 7	Electronic Deposit REF=212800092514460N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	1,651.80
Oct 8	Electronic Deposit REF=212800157830030N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	1,382.55
Oct 12	Electronic Deposit REF=212850065941050N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	611.40
Oct 12	Electronic Deposit REF=212850049206540N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	2,355.08
Oct 13	Electronic Deposit REF=212850221935630N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	3,536.60
Oct 14	Electronic Deposit REF=212860159484560N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	1,862.08
Oct 15	Electronic Deposit REF=212870162295220N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	2,084.39
Oct 18	Electronic Deposit REF=212910113146220N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	451.60
Oct 18	Electronic Deposit REF=212910064555950N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	2,061.68
Oct 20	Electronic Deposit REF=212920093056730N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	529.00
Oct 21	Electronic Deposit REF=212930105176930N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	3,272.80
Oct 22	Electronic Deposit REF=212940091956840N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	440.29
Oct 25	Electronic Deposit REF=212980085807570N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	1,041.40
Oct 26	Electronic Deposit REF=212980202116110N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	638.40
Oct 27	Electronic Deposit REF=212990102293910N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	1,675.36
Oct 28	Electronic Deposit REF=213000137566570N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	1,537.87
Oct 29	Electronic Deposit REF=213010138824780N00	From BANKCARD-1392 5497139201BTOT DEP 512178520107723	1,504.90
Total Other Deposits			\$ 33,389.89

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-9519

<i>Date</i>	<i>Description of Transaction</i>	<i>Ref Number</i>	<i>Amount</i>
Oct 1	Debit Purchase - VISA PITNEY BOWES PI *****9519	On 100121 844-256-6444 CT REF # 24430991274069151874009	\$ 371.21-
Oct 4	Debit Purchase - VISA RED ROCK SPRING *****9519	On 100121 775-331-5908 NV REF # 24943001274200199505184	27.00-
Oct 4	Debit Purchase - VISA VYNE DENTAL *****9519	On 100221 800-7825150 GA REF # 24121571276310309141962	99.00-



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Account Number:

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SILVER BUSINESS CHECKING**(CONTINUED)**

S. Bank National Association

Account Number 2450

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-9519

Date	Description of Transaction	Ref Number	Amount
Oct 4	Recurring Debit Purchase DOCTOR MULTIMEDI *****9519	On 100321 800-605-6987 NV REF # 2449398127700413721 US1	7700413721 249.00-
Oct 4	Debit Purchase - VISA PB LEASING *****9519	On 100121 844-256-6444 CT REF # 24692161274100727642035	4100727642 1,788.00-
Oct 5	Debit Purchase - VISA YPS*RED ROOF SEL *****9519	On 100421 877-809-0555 NV REF # 24430991277083713279273	7083713279 175.00-
Oct 6	Debit Purchase - VISA SQ *DUDS 'N SUDS *****9519	On 100521 877-417-4551 NV REF # 24692161278100396448546	8100396448 52.50-
Oct 7	Debit Purchase - VISA WEAVE RB *****9519	On 100621 888-5795668 UT REF # 24067201279206150502889	9206150502 149.00-
Oct 22	Debit Purchase - VISA Ultradent Produc *****9519	On 102121 801-5724200 UT REF # 24270741294013760491712	4013760491 146.98-
Oct 25	Debit Purchase 323341 *****9519	COSTCO WHSE #002 RENO NV On 102321 ILK1TERM REF 129621323341	4110232005 129.60-

Card 9519 Withdrawals Subtotal \$ 3,187.29-

Total Card Withdrawals \$ 3,187.29-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Oct 1	Electronic Withdrawal REF=212730132519590N00	To Columbia State B 1910897063Loan Pymt 0000000000000000	\$ 8,388.63-
Oct 4	Electronic Withdrawal REF=212770096025520N00	To BANNER LIFE 1521236145PREM DEBIT17180904409	150.94-
Oct 4	Electronic Withdrawal REF=212770097166680N00	To BANKCARD-1392 5497139201MTOT DISC 512178520107723	355.80-
Oct 4	Electronic Withdrawal REF=212770121728570N00	To PATTERSON DENTAL 0000116686PATTERSOND9708825	6,495.66-
Oct 7	Electronic Withdrawal REF=212800092708190N00	To Kaempfer Crowell 4721601420eCheck 000000001792091	2,500.00-
Oct 12	Electronic Withdrawal REF=212850062464260N00	To PAYPAL PAYPALSI77INST XFER BEAGLE BAY	600.00-
Oct 14	Electronic Withdrawal REF=212870080701890N00	To Nevada Pay 5269 9IA0498281BILLING 465063631	100.60-
Oct 14	Electronic Withdrawal REF=212870080339330N00	To NV PAYROLL SVCS 1880498281TAX IMPOUN465063631	3,787.53-
Oct 14	Electronic Withdrawal REF=212870080705970N00	To Arete Dental LLC 1465063631DIR DEP 465063631	11,179.57-
Oct 15	Analysis Service Charge	15000000000	43.00-
Oct 15	Electronic Withdrawal REF=212870141562870N00	To THE HARTFORD 9942902727NWTBCLSCIC14367659	682.30-
Oct 19	Electronic Withdrawal REF=212910170952320N00	To NV ENERGY NORTH 3880044418SPPC PYMT 01937994 111997	118.93-
Oct 19	Electronic Withdrawal REF=212910170952310N00	To NV ENERGY NORTH 3880044418SPPC PYMT 01937994 111996	126.67-
Oct 20	Electronic Withdrawal REF=212920028369500N00	To PATTERSON DENTAL 9324733000LOANPYMT 7300748-4073132	515.06-
Oct 22	Electronic Withdrawal REF=212940081145870N00	To CITI CARD ONLINE CITICTP PAYMENT 420569177697470	102.48-



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**SILVER BUSINESS CHECKING****(CONTINUED)**

S. Bank National Association

Account Number 2450

Other Withdrawals (continued)

Date	Description of Transaction	Ref Number	Amount
Oct 27	Electronic Withdrawal REF=212990064747780N00	To GEICO 3530075853PREM COLL 1131298138	243.07-
Oct 29	Electronic Withdrawal REF=213020063737750N00	To Arete Dental LLC 1465063631DIR DEP 465063631	12,026.06-
Total Other Withdrawals			\$ 47,416.30-

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
239	Oct 13	8657062442	1,225.00	1247	Oct 8	9253312271	3,820.44
240	Oct 7	8953263212	217.07	1248	Oct 12	8359202031	5,131.00
241	Oct 7	8953010616	297.86	1249	Oct 25	8054065557	356.36
242	Oct 12	8355501193	1,573.00	1252*	Oct 26	8354020775	2,397.05
243	Oct 7	8954570823	625.00	15075*	Oct 8	9252296133	496.48
244	Oct 12	8353774126	798.40	15076	Oct 8	9252296132	931.79
245	Oct 7	8953757767	1,824.00	15077	Oct 18	8052736987	1,369.08
246	Oct 12	8359281022	1,261.00				

* Gap in check sequence

Conventional Checks Paid (15) \$ 22,323.53-**Balance Summary**

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Oct 1	39,564.13	Oct 13	36,311.73	Oct 22	50,572.83
Oct 4	33,135.98	Oct 14	25,566.31	Oct 25	51,128.27
Oct 5	35,537.28	Oct 15	26,925.40	Oct 26	49,369.62
Oct 6	40,368.43	Oct 18	33,265.97	Oct 27	52,712.15
Oct 7	38,105.10	Oct 19	37,938.35	Oct 28	57,870.73
Oct 8	38,390.65	Oct 20	41,624.89	Oct 29	47,349.57
Oct 12	31,993.73	Oct 21	46,385.59		

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: September 2021

Account Number:	1-537-5844-2450	\$	38.00
Account Number:	1-537-5626-3577	\$	5.00
Analysis Service Charge assessed to	1-537-5844-2450	\$	43.00

¹ Financial institutions are required by the State of Iowa to charge sales taxes on certain service charges related to checking accounts. Any assessed tax has been itemized on your statement.

Service Activity Detail for Account Number 1-537-5626-3577

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	1		No Charge
Truncated Paper Stmt	1	5.00000	5.00
Subtotal: Depository Services			5.00
Fee Based Service Charges for Account Number 1-537-5626-3577		\$	5.00

Service Activity Detail for Account Number 1-537-5844-2450

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items			
First	125		No Charge
Next	66	0.50000	33.00
Total	191		33.00

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[REDACTED] 2450

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ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)**Service Activity Detail for Account Number [REDACTED] 2450 (continued)**

<i>Service</i>	<i>Volume</i>	<i>Avg Unit Price</i>	<i>Total Charge</i>
Truncated Paper Stmt	1	5.00000	5.00
Subtotal: Depository Services			38.00
Branch Coin/Currency Services			
Night Dep Processing-per Dep	1		No Charge
Subtotal: Branch Coin/Currency Services			0.00
Fee Based Service Charges for Account Number 1-537-5844-2450		\$	38.00

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11/22/21

Arete Dental Reconciliation Detail

US Bank - DIP Checking, Period Ending 10/31/2021

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						38,716.56
Cleared Transactions						
Checks and Payments - 3 items						
General Journal	10/28/2021	CPA-32		X	-47,416.30	-47,416.30
General Journal	10/28/2021	CPA-32		X	-22,323.53	-69,739.83
General Journal	10/28/2021	CPA-32		X	-3,187.29	-72,927.12
Total Checks and Payments					-72,927.12	-72,927.12
Deposits and Credits - 2 items						
General Journal	10/28/2021	CPA-32		X	33,389.89	33,389.89
General Journal	10/28/2021	CPA-32		X	48,170.24	81,560.13
Total Deposits and Credits					81,560.13	81,560.13
Total Cleared Transactions					8,633.01	8,633.01
Cleared Balance					8,633.01	47,349.57
Uncleared Transactions						
Checks and Payments - 4 items						
Check	10/09/2020	1059	Patterson Dental		-5,195.00	-5,195.00
Check	12/07/2020	1092	Patterson Dental		-8,865.97	-14,060.97
Check	03/22/2021	1160	CDS Group Health		-1,220.60	-15,281.57
Check	04/20/2021	1176	Dental Specialties, Inc		-623.28	-15,904.85
Total Checks and Payments					-15,904.85	-15,904.85
Total Uncleared Transactions					-15,904.85	-15,904.85
Register Balance as of 10/31/2021					-7,271.84	31,444.72
Ending Balance					-7,271.84	31,444.72

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11/22/21

Accrual Basis

Arete Dental
Balance Sheet
 As of October 31, 2021

	Oct 31, 21
ASSETS	
Current Assets	
Checking/Savings	
US Bank - CareCredit	27,996.83
US Bank - DIP Checking	31,444.72
Total Checking/Savings	59,441.55
Accounts Receivable	
Accounts Receivable	112,527.71
Total Accounts Receivable	112,527.71
Other Current Assets	
Due from Dr. Devin	10,859.20
Inventory Asset	15,000.00
Loan Fee	1,563.00
Right of use asset	9,098.40
Total Other Current Assets	36,520.60
Total Current Assets	208,489.86
Fixed Assets	
Accumulated Amortization	-197,123.80
Accumulated Depreciation	-532,528.71
Automobile	4,326.56
Covenant not to compete	46,500.00
Furniture and Equipment	26,488.36
Goodwill	368,894.00
Leasehold Improvements	70,529.92
Medical Equipment	
Equipment	484,781.04
Hand Instruments	9,900.00
Total Medical Equipment	494,681.04
Organizational Costs	1,800.00
Patient Records	46,000.00
Total Fixed Assets	329,567.37
Other Assets	
Security Deposits Asset	9,576.00
Total Other Assets	9,576.00
TOTAL ASSETS	547,633.23
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Chase credit card	15,311.99
USBank Credit Card	799.93
Total Credit Cards	16,111.92
Other Current Liabilities	
HHS Stimulus	22,578.22
Note Payable-US Bank PPP	130,432.00
Notes Payable - Current	314,324.19
Payroll Liabilities	
401 K withheld	-158.76
Total Payroll Liabilities	-158.76
Total Other Current Liabilities	467,175.65
Total Current Liabilities	483,287.57

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11/22/21

Accrual Basis

Arete Dental
Balance Sheet
 As of October 31, 2021

	Oct 31, 21
Long Term Liabilities	
Lease Obligation	6,030.03
Note Payable-Fin Pac	3,633.32
Note Payable-Pacific Continenta	200,973.30
Note Payable-Patterson 230110	5,302.24
	215,938.89
Total Long Term Liabilities	
Total Liabilities	699,226.46
Equity	
Members Contributions	10,000.00
Members Draw	-114,272.01
Members Draw-Donations	-16,023.00
Members draw-health	-26,585.34
Members Equity	-141,914.28
Net Income	137,201.40
	-151,593.23
Total Equity	
TOTAL LIABILITIES & EQUITY	547,633.23

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11/22/21

Accrual Basis

Arete Dental
Profit & Loss
October 2021

	Oct 21
Ordinary Income/Expense	
Income	
Fee for Service Income	
Cash/checks	84,592.27
Fee for Service Income - Other	2,865.99
Total Fee for Service Income	87,458.26
Total Income	87,458.26
Gross Profit	87,458.26
Net Ordinary Income	87,458.26
Other Income/Expense	
Other Expense	
Uncategorized Expenses	73,051.30
Total Other Expense	73,051.30
Net Other Income	-73,051.30
Net Income	14,406.96